

EXHIBIT - 1

Medical Records:

- > 2 Pages (1) MRI of the Tibia/Fibular, and (2) MRI of the Left ankle both dated "June 19, 2006";
- > "Consulation Sheet dated: 6/21/06";
- > "Consulation Sheet" dated: 6/29/06.

Total: 4 Pages

513-420

NSN 7540-00-634-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

ortho

FROM: (Requesting authority)
LCDR Ingh, PA-C
USPHS

DATE OF REQUEST

6/21/06

REASON FOR REQUEST (Complaints and findings)

h/o injury in March - claims he was kicked in
calf. c/o cont. pain. Amb - named gait
med attached

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ ROUTINE☐ TODAY☐ BEDSIDE☐ ON CALL☐ 72 HOURS☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

Playing basketball 3.06 + felt pop in L
calf. Gait has improved.
MRI is ⊕ for Achilles partial tear.
Swelling worse in boots.
Able to plantar flex.

Dx - partial tear
Plan - No sports.
Heel lift. -
No boots
Re ✓ 1 mo.

(Continue on reverse side)

SIGNATURE AND TITLE

P.L.

DATE

6.29.06

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

Gilbert

Reginald

USP ALLENWOOD
P.O. BOX 3500
WHITE DEER, PA 17887

L.O.B. 9/20/57

03854-078

Dr. C. Verneire
Medical Officer
USPHS
USP Allenwood

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 9-02)
Prescribed by GSA/NCM, FORM 41 (C) 100-100-100

Multi-Diagnostic Services 139-16 91st Street, Jamaica, NY 11435 Telephone 718.454.8556

Interpreted by Clifford Beinart, M.D. Board Certified Radiologist
311 Greenwich Street, NY NY 10013

Date of Study: June 8, 2006
Date of Report: June 13, 2006

Location: Allenwood USP

DIN: 03854-078

Date of Birth: September 20, 1957

RE: Gilbert-Bey, Reginald

Dear Dr.,

MRI OF THE TIBIA/FIBULAR

Axial sections and coronal imaging was obtained through the tibia/fibular.

Images through the foot revealed a markedly thickened Achilles tendon.

Marked thickening of the Achilles tendon noted. There is abnormal signal from the left gastrocnemius muscle apparent. Soleus appear speared.

Diffusely abnormal signal through the muscle apparent, most compatible with a muscle sprain. This abnormal signal extends from the middle third of the calf inferiorly to the level of the Achilles tendon.

The tendon is not torn and continuity is identified.


The soft tissue structure otherwise normal. Bony structures are intact.

IMPRESSION: MARKEDLY ABNORMAL ACHILLES TENDON APPEARING MASS LIKE. DIFFUSE ABNORMAL SIGNAL THROUGHOUT THE DISTAL 2/3 OF THE GASTROCNEMIUS MUSCLE COMPATIBLE WITH MUSCLE BRUISING. CLINICAL CORRELATION AND EVALUATION URGED.

Sincerely,



C Beinart M.D.



P. Ross MD 6/21/6

CB/dl

Multi-Diagnostic Services 139-16 91st Street, Jamaica, NY 11435 Telephone 718.454.8556

Interpreted by Clifford Beinart, M.D. Board Certified Radiologist
311 Greenwich Street, NY NY 10013

Date of Study: June 8, 2006
Date of Report: June 13, 2006

Location: Allenwood USP

DIN: 03854-078

Date of Birth: September 20, 1957

RE: Gilbert-Bey, Reginald

Dear Dr.,

MRI OF THE LEFT ANKLE

Multiple axial sagittal and coronal images through the ankle were obtained with T1 and T2 weighting.

Achilles tendon is markedly abnormal. The tendon is markedly enlarged and thickened. The tendon does appear intact and is not torn at least where visualized currently with the tendon inserting in an normal fashion upon the calcaneus.

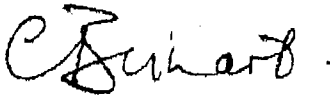
The bony structures are intact without evidence of edema. Tarsal tunnel is normal. Talonavicular and calcaneocuboid joints are normal.

The ankle mortise is intact. The bony structures are unremarkable. Medial and lateral ankle ligaments are intact. Anterior talar fibular ligament is intact. No significant effusion present.

Flexor and extensor tendons are normal.

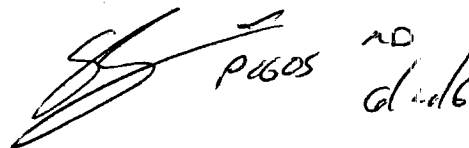
IMPRESSION: MARKEDLY THICKENED ABNORMAL ACHILLES TENDON
APPEARING MASS LIKE IN THE DISTAL CALE.

Sincerely,



C Beinart M.D.

CB/dl



pages 20
died 6

needs ortho consult level III

3-110

NSN 7540-00-534-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *DAHO* FROM: (Requesting physician or activity) *MOLO*

DATE OF REQUEST

6/29/04

REASON FOR REQUEST (Complaints and findings)

1 month F/U partial achilles tear

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ ROUTINE☐ TODAY☐ BEDSIDE☐ ON CALL☐ 72 HOURS☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Gilbert-Bey, Regina L
*03854-006*USP ALLENWOOD
P.O. BOX 3500
WHITE DEER, PA 17887

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-82)
Prescribed by GSA/TCMR, FORM 141, CPM 220-000-0001

EXHIBIT - 2

MEMORANDUM FOR INMATE POPULATION
FROM: Jonathan C. Miner, Warden
SUBJECT: Lockdown
Dated: August 23, 2006



U.S. Department of Justice

Federal Bureau of Prisons

U.S. Penitentiary, Allenwood

White Deer, PA 17887-3500

August 23, 2006

MEMORANDUM FOR INMATE POPULATION

FROM: *Jonathan C. Miner*
Jonathan C. Miner, Warden

SUBJECT: Lockdown

This memorandum serves as information regarding the current status of the institution lockdown.

On Sunday, August 20, 2006, two separate incidents occurred during the late afternoon. One on the general compound and one within unit IVB. The inmates involved crossed racial lines and one incident involved the use of weapons, thus causing the lockdown. The inmates responsible have been placed in the Special Housing Unit (SHU).

Upon the conclusion of mass interviews, intelligence gathering and shakedowns, the institution will attempt to open at the beginning of next week, possibly on Monday, August 28, 2006. Until then, there will be no inmate visiting. Inmates will have the opportunity to take a shower and use the telephone on Thursday, August 24, 2006 and/or Friday, August 25, 2006. Additionally, inmates will continue to receive mail, medications and ready-made meals in their assigned cells. Certain meals will be enhanced with fruit, hard-boiled eggs, and milk.

Should problems continue, the institution will be placed back on lockdown for an undetermined amount of time.

Any further questions can be directed to members of your unit team, to include the unit officer and various institutional staff making rounds.